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SAN DIEGO COUNTY
AIR POLLUTION CONTROL DISTRICT HEARING BOARD
PETITION FOR VARIANCE
(Attach additional pages, if needed)

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DATE/TIME STAMP

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</table>

Petitioner: _____

Mailing Address: _____

E-Mail Address: _____

Telephone #: _____   Fax #: _____

Name of person authorized to receive notices: _____
(Name of Individual)

Organization Name: _____

Mailing Address: _____

E-Mail Address: _____

Petition No:	_____
Date Filed:	_____
Fee Paid:	_____
Receipt No.:	_____

Telephone #: _____   Fax #: _____

Description of Business Activity: _____

Ownership Status: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government ☐ Other (explain): _____

Equipment Address: _____

Detailed Description of Affected Process and Equipment Involved: _____

Purpose of the Petition:

☐ Emergency Variance - 30 days maximum
☐ 90-Day Variance - 90 days maximum
☐ Interim & Regular Variance- Interim portion valid through date of Hearing on regular portion
☐ Regular Variance- 1 year maximum (except as provided for in 42358(b))
☐ Product Variance - 1 year maximum (except as provided for in 42372(b))

☐ Permit Appeals: permit denied, suspended or conditionally granted.
☐ Request permit revocation or variance revocation.
☐ Request hearing board decision be reheard
☐ Request variance modification
☐ Other: _____

a) Rule(s) for which Variance requested: _____

b) Time period requested (include final compliance date): _____

c) Please specify the District application and permit numbers that relate to this matter: _____

d) Has this matter been the subject of previous variance requests? If so, please provide petition numbers: _____

e) Why are you not in compliance and/or why can you not comply now? _____
_____
_____

f) Provide amount of allowable emissions associated with equipment and amount of calculated excess emissions due to non-compliance (provide calculation basis): _____
_____

g) Supporting documents may be attached (indicate name and number submitted): _____
_____

The undersigned, under penalty of perjury, states that the above petition and the items therein set forth are true and correct.

Date: _____   Petitioner: _____
                                              Signature

PETITION NOT VALID UNLESS ACCOMPANIED BY FILING FEE AND COMPLETED
"FACTS TO SUPPORT FINDINGS" FORM

Rev. 01/06

MAIL THE COMPLETED PETITION FORM, FINDINGS FORM, AND APPROPRIATE FILING FEE TO:

**CLERK OF THE APCD HEARING BOARD
COUNTY OF SAN DIEGO
1600 PACIFIC HIGHWAY, ROOM 402
SAN DIEGO, CA 92101**

**TELEPHONE: 619-531-5777
FAX: 619-531-6098
E-MAIL: kellie.kellogg@sdcounty.ca.gov**

FOR ASSISTANCE IN COMPLETING THE PETITION AND GENERAL INFORMATION CONCERNING THE VARIANCE PROCESS, CONTACT:

**HEIDI GABRIEL-PACK
SAN DIEGO AIR POLLUTION CONTROL DISTRICT
10124 OLD GROVE ROAD
SAN DIEGO, CA 92131**

**TELEPHONE: 858-586-2657
FAX: 858-586-2651
E-MAIL: heidi.pack@sdcounty.ca.gov**

For the Appropriate Filing Fee see District Rule 42

Clerk of the Board Variance Information

Rev. 02/08